26	S. Enter the Total Tax from line 18 on the front of this form	26			
27	7. Enter the Total Credits from line 25 on the front of this form	▶ 27			
28	3. If line 27 is more than line 26, subtract line 26 from line 27 (if smaller, skip to line 35)	28			
29	Amount of line 28 to be donated to the Indiana Nongame and				
	Endangered Wildlife Fund (see instructions on page 30)	29			
30	D. Subtract line 29 from line 28	30			
31	. Amount to be applied to your 2001 estimated tax account (see instructions on page 30)	31			
32		32			
33					
	la. Routing Number		If you want to)	
	Sea Instructions		DIRECT DEPO	SIT	
	b. Account Number on page 31	7	your refund, you in complete lines		
	c. Type of Account Checking Savings		34a, b & c on the		
35	5. If line 26 is more than line 27, subtract line 27 from line 26. Add to this any amounts		<u> </u>		
	from lines 31 and 32, and enter total here (see instructions on page 31) subtotal	35			
36	S. Penalty if filed after due date (see instructions on page 32)	36			
37	1 0 /	37			
38	B. Amount Due: Add lines 35, 36 and 37	▶ 38			
	order payable to: Indiana Department of Revenue. Credit card payers must see page 32 for				
	instructions. SS Note: Check box ☐ if paying by credit card.				
9	Out-of-State Income Information Taxpayer \$				
ŀ	• Enter any salary, wage, tip &/or commission received from				
L	Illinois, Kentucky, Michigan, Ohio, Pennsylvania and/or Wisconsin:				
V			I listed at the top of the I		
VV	Spouse - Check box if you filed federal Schedule C or C-EZ for 2000.	-	00, enter date of death b		
X	• If two-thirds of your gross income was made from farming or fishing, please check here.		m m d d 20	000	
	Important: If you checked the box, you <u>must</u> attach Schedule IT-2210 or IT-2210A. Spouse' of death		m m d d 20	000	
Υ	Enter the number of motor vehicles you and your spouse own or lease.			,,,,,	
Z	• Are all these vehicles registered with the Indiana Bureau of Motor Vehicles? Yes No I If	No, att	tach an explanation.		
Authorization					
	Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete				
	and correct. I also understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of				
	Revenue to furnish my financial institution with my routing number, account number, account type, a				
	insure my refund is properly deposited.			_	
	_	aytime	Telephone Number		
G(G I authorize the Department to discuss my return with my tax preparer. Yes No I HH	<u>ll</u>			
		<u>∍</u> 's Da _'	ytime Telephone Number	er	
	Tour eignature				
	F-mail address wh	ere we	e can reach you (see pag	ue 33)	
	Spouse's Signature Date JJ	0.0	can reach you (ede pag	90 00)	
	a de la companya de l				
		OP 「	Cooled Cooughts Norm	abo =	
	MM	OR [Social Security Num	iner	
	Address				
	Preparer's daytime te	ephone	number		
	City RR				
	State Zip Code + 4 Preparer's Signature		Date		
	PP QQ				